Collaborative Care & Health Reform

Bridging the Divide: A Conference Fostering Collaboration between Primary Care, Mental Health, Substance Abuse & Behavioral Health

Burlington, Vermont
November 16, 2009

Hunt Blair, Deputy Director
Vermont Health Care Reform
Office of Vermont Health Access (Medicaid)

VERMONT

Things to Cover Today

- Health Care Reform: the Vermont context
- The Vermont Blueprint for Health: transformation engine
- Collaborative Care: next evolutionary phase for VT HCR
- How Vermont reforms track national reform
  - Health Information Technology
  - Meaningful Use
  - Medicare Advance Primary Care Practice Demonstration
- Questions/Discussion

VERMONT

Driving HCR through Delivery System Innovation

- For the last three years, Vermont has led the nation with its *systemic* health care reform. At the same time that Vermont's coverage reforms have reduced the uninsured population from 9.8% in 2005 to 7.6% in 2008, the state has implemented a balanced set of delivery system and HIT reforms to ensure that those coverage improvements can be sustained.

- Vermont is an ideal laboratory to demonstrate the power of "systemness" to bend the curve on the increasing rate of health care costs.

- The HITECH Act, ARRA, and federal HCR will enable us to expand scope and scale of our reforms dramatically.

VERMONT

Vermont Health Care Reform

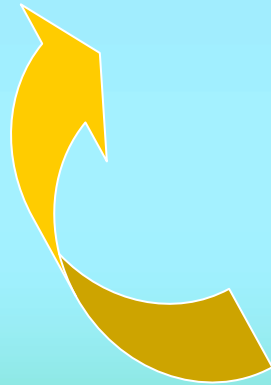60+ Discrete, Active Initiatives which combine to...

Improve Quality
- **Provider Access, Transparency**
- **Promote Wellness / Prevention**
- **Blueprint for Health**
    - **integrated Medical Home & Community Health Team**
- **Health Information Technology**
- **Accountable Care Organizations**

Increase Coverage
- **New Coverage Options**
- **Premium Assistance**
- **Integrated Marketing and Outreach**
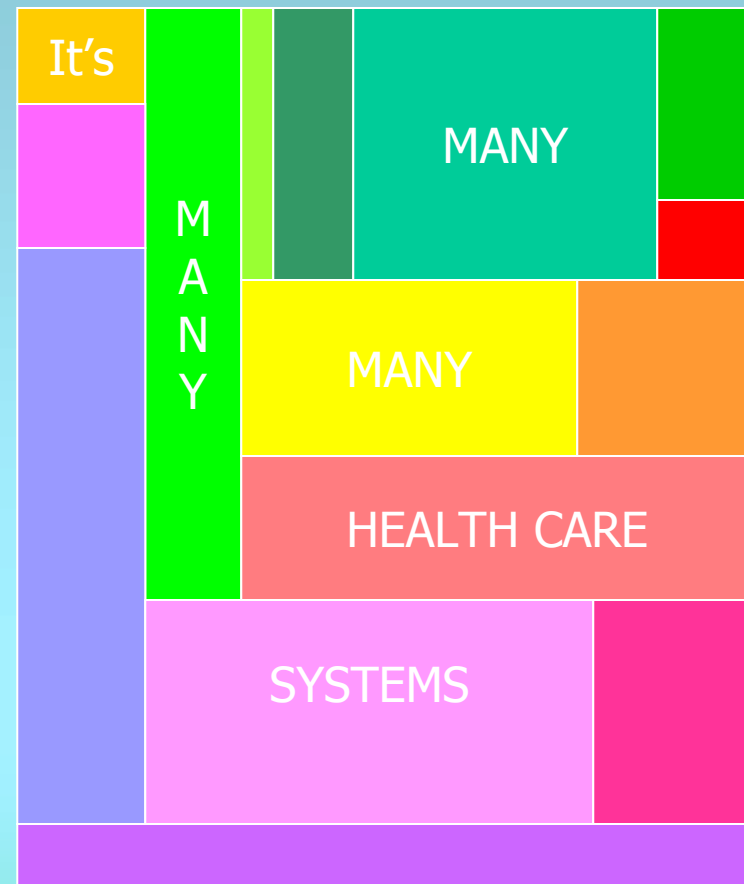
Contain Cost Growth
All of Above PLUS
- **Cost Transparency**
- **Statewide Health Resource Planning and Review**
- **Prescription Drug Cost Containment**
- **Administrative Simplification**

VERMONT

The Problem Statement

It's not

"THE
HEALTH CARE
SYSTEM"

It's

MANY

MANY

MANY

HEALTH CARE

SYSTEMS

VERMONT

Many discontinuous, overlapping, siloed "systems"

Vermont Primed to tackle Collaborative Care

- Systemness has been the goal for Vermont Health Care Reform from the beginning

- Vermont policy focused on what drives discontinuities:
  - Perverse payment structures and incentives
  - Artificial barriers for patient care driven by funding streams
  - Artificial barriers for patient care driven by institutional boundaries and categories

- Blueprint vision is to have the same care for all patients, regardless of setting or payer

VERMONT

Blueprint Started with Chronic Disease Focus

- 48% of the non-institutionalized population has one or more chronic conditions[1]

- These 48% with chronic conditions account for 83% of all health care spending
  - 81% of hospital admissions
  - 76% of all physician visits
  - 91% of all prescriptions filled

- But only 55% get the right care at the right time

[1] *Chronic Conditions: Making the Case for On-going Care.* Partnership for Solutions (RWJF and John Hopkins University), Sept 2004

VERMONT

Blueprint for Health: Practice Transformation Engine

Blueprint vision and focus rapidly expanded from chronic disease and medical care to how we can use technology support and payment incentives to drive change and improve health.

Blueprint for Health's integrated HIT-HIE platform:
- web-based registry,
- clinical data repository,
- population-based management tool

populated directly but also through HIE for bi-directional feeds from practice and hospital EHR systems, labs, public health registries, other sources to support:
- clinical messaging,
- care coordination,
- patient and panel management functions

VERMONT

Blueprint Integrated Pilot Summary

1. **Transformative Multi-Insurer Financial reform (two major components)**
   - Payment to practices based on NCQA PCMH standards
   - Shared costs for Community Health Teams

2. **Multidisciplinary care support teams (Community Health Teams)**
   - Local care support & population management
   - Prevention specialists

3. **Health Information Technology**
   - Web based clinical tracking system
   - Visit planners & population reports
   - Electronic prescribing
   - Updated EHRs to match program goals and clinical measures in DocSite
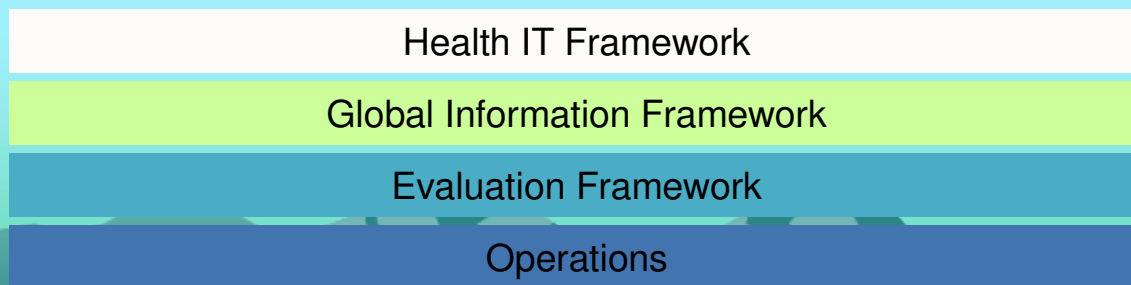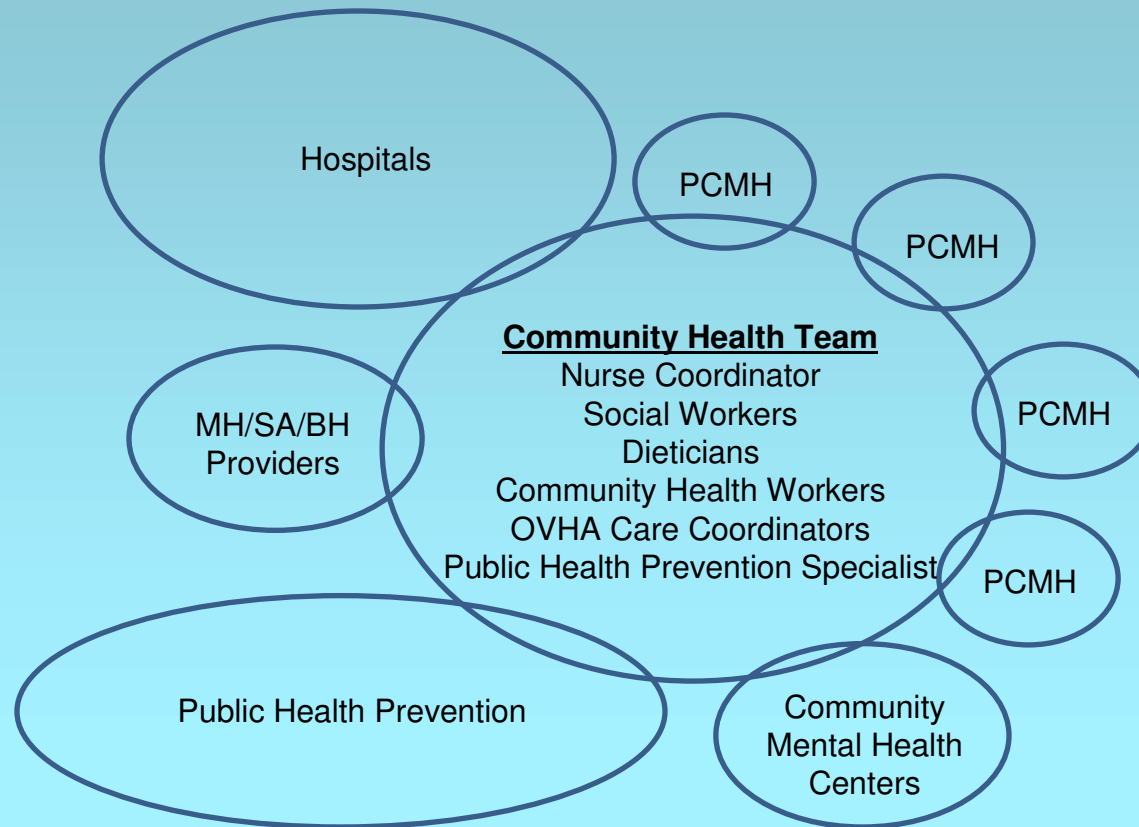   - Health information exchange network

4. **Community Activation & Prevention**
   - Prevention specialist as part of CHT
   - Community profiles & risk assessments
   - Evidence based interventions

5. **Evaluation**
   - NCQA PCMH score (process quality)
   - Clinical process measures
   - Health status measures
   - Multi payer claims data base (VCHURES)
   - Population Indicators

VERMONT

Coordinated Health System

Hospitals

PCMH

PCMH

Community Health Team
Nurse Coordinator
Social Workers
Dieticians
Community Health Workers
OVHA Care Coordinators
Public Health Prevention Specialist

MH/SA/BH
Providers

PCMH

PCMH

Public Health Prevention

Community
Mental Health
Centers

Health IT Framework

Global Information Framework

Evaluation Framework

Operations

VERMONT

Expanded Collaborative Care Integration: The Next Logical Step

- Primary Care Based mental health, substance abuse, and behavioral health services are already part of the Medical Home and Community Health Team care options

- Since last fall, working with Vermont's Behavioral Health Network (BHN) and others, developing/adapting NCQA criteria for a MH/SA/BH overlay and integration

- Expand multi-insurer payment structure from the BP model to increase MH/SA/BH capacity and services

VERMONT

Collaborative Model for Expanded Blueprint

Primary Care Services

Primary Care Medical Home

-High quality general patient care

- Care coordination with CHT

- Screening/case identification for MH/SA/BH as part of general care

- PHQ, GAD, Audit

- Score, stratify

- Determine level of need

- Primary care practice may hire staff to enhance counseling services (supported by NCQA PCMH guided payments)

- Primary care setting may also qualify as MH/SA/BH Services Home

Primary Care Based MH/SA/BH Services

Community Health Team

- General patient care support

- Population & panel management

- Health maintenance, prevention, chronic disease

- Coordinate with community services, coalitions, public health

- MH/SA/BH counselors conduct interventions designed for primary care setting (e.g. brief intervention)

- Provide services co-located with PCMH when and where possible

- Counselors develop plan with patient and primary care provider

- 1st visit: 1 hour; 2 – 5: 20 minutes

- Resolved ~ 70-80%

Specialized MH/SA/BH Services

MH/SA/BH Services Home

- Private & Public Providers

- Structured assessments, stratification, tracking and services that meet state or national standards.

- Includes outpatient mental health and/or substance abuse services

- Coordinated referrals with CHT members, PCMH providers, other specialty services (incl. MH/SA/BH not provided on-site)

-Staffing based on state standards

- MH/SA/BH Medical Home may also qualify as Primary Care Medical Home

VERMONT

Multi-insurer Financial Reform (Sustainability Model)

- PCMH receive enhanced PPPM payment based on NCQA score – supports high quality outpatient care

- Shared costs for Community Health Teams – flexible, adapts to needs in community, eliminates barriers (e.g. co-pays, prior authorizations, volume incentives)

- MH/SA/BH Services Home receive enhanced PPPM payments based on (modified) NCQA score – supports more thorough, high quality outpatient care

- Consistent payment methodology across continuum of care that begins to balance quality v. volume incentives

- Sustainable based on cost offsets (reduction in ED visits, hospital admissions, re-admits) and realignment (away from DM contracts)

VERMONT

Federal Health Care Reform

Catching up with Vermont, especially around

- Technology
- The *use* of technology
- Delivery system care *and* payment models

Even without whatever passes from Congress, progress is being made

VERMONT

ARRA is a landmark policy document. It is not an exaggeration to say that the first Federal health care reform legislation of 2009 was signed into law February 17th:

"One of HITECH's most important features is its clarity of purpose. **Congress apparently sees HIT — computers, software, Internet connection, telemedicine — not as an end in itself but as a means of improving the quality of health care, the health of populations, and the efficiency of health care systems.** Under the pressure to show results, it will be tempting to measure HITECH's payoff from the $787 billion stimulus package in narrow terms — for example, the numbers of computers newly deployed in doctors' offices and hospital nursing stations. But that does not seem to be Congress's intent. **It wants improvements in health and health care through the use of HIT**."
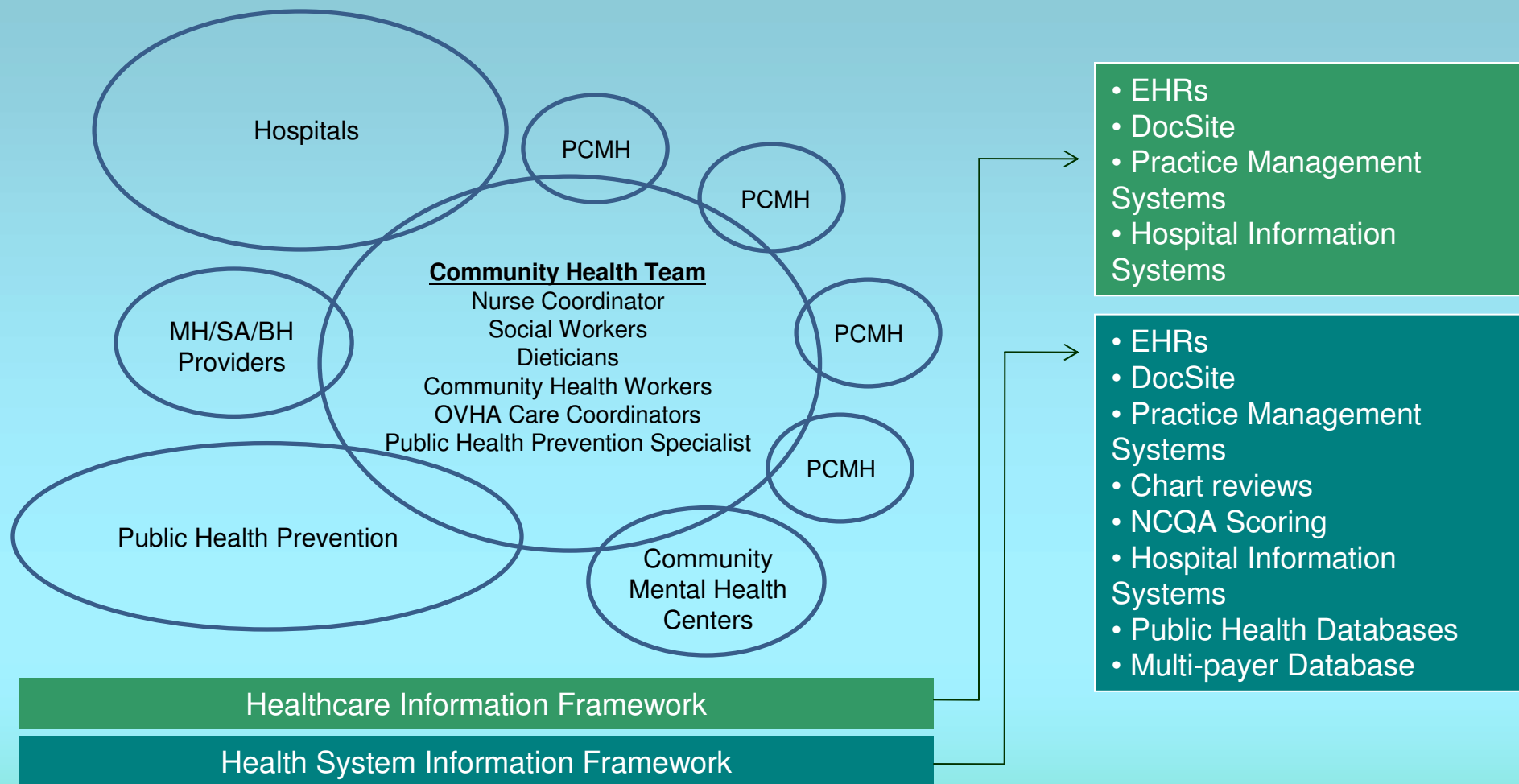
- Dr. David Blumenthal, NEJM 4/9/09

VERMONT
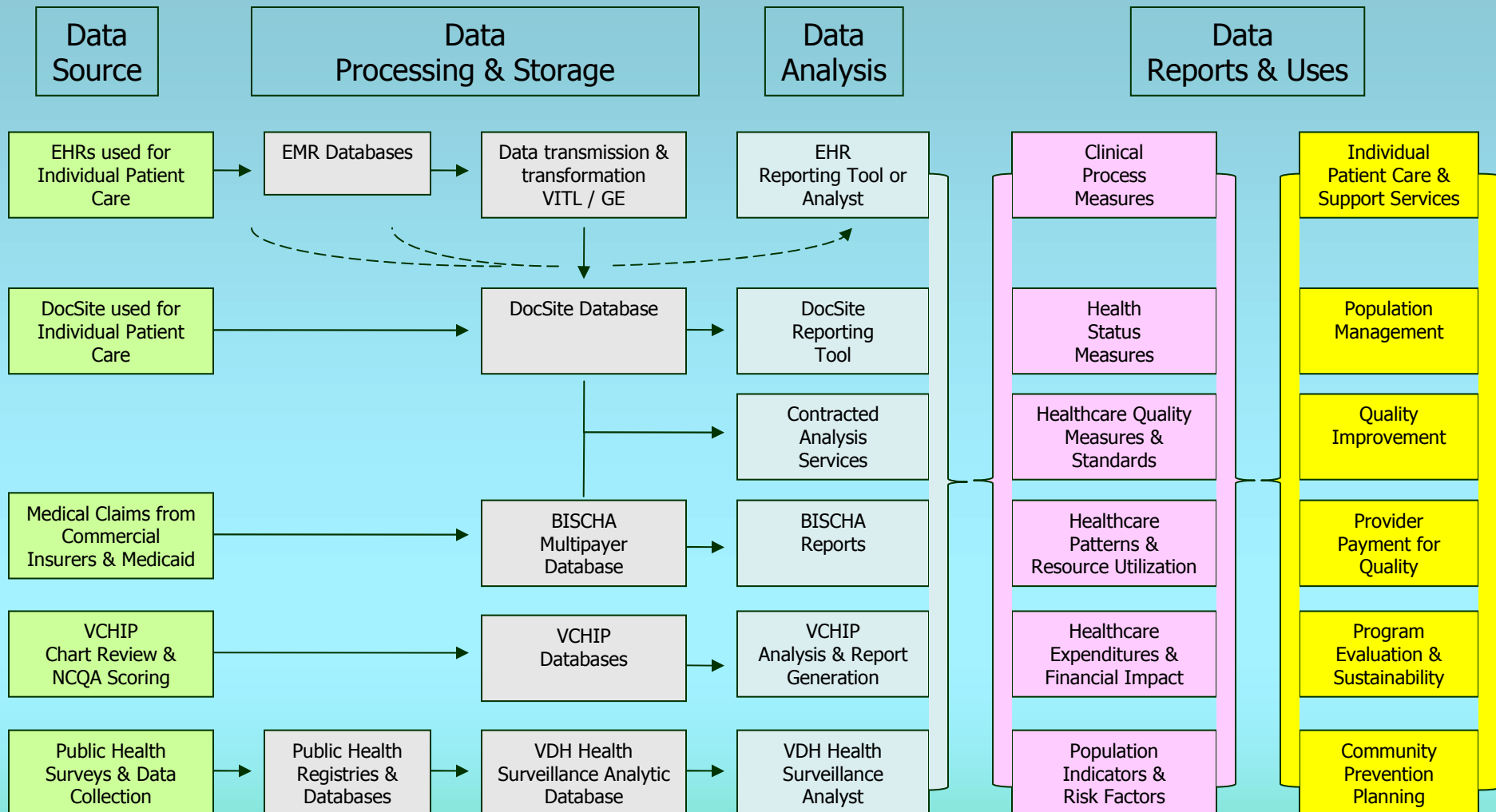
Broad Scope of who and what is included in HITECH Act definition of provider: The term `health care provider' includes a hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center, renal dialysis facility, blood center, ambulatory surgical center, emergency medical services provider, Federally qualified health center, group practice, a pharmacist, a pharmacy, a laboratory, a physician, a practitioner, a rural health clinic, a covered entity under section 340B, a therapist, and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.

Broad vision of "enterprise integration" or electronic linkage of health care providers, health plans, the government, and other interested parties, to enable the electronic exchange and use of health information among all the components in the health care infrastructure.

VERMONT

Meaningful Use

Evidence Based Quality Improvement

Data Source	Data Processing & Storage		Data Analysis	Data Reports & Uses	
EHRs used for Individual Patient Care	EMR Databases	Data transmission & transformation VITL / GE	EHR Reporting Tool or Analyst	Clinical Process Measures	Individual Patient Care & Support Services
DocSite used for Individual Patient Care		DocSite Database	DocSite Reporting Tool	Health Status Measures	Population Management
			Contracted Analysis Services	Healthcare Quality Measures & Standards	Quality Improvement
Medical Claims from Commercial Insurers & Medicaid		BISCHA Multipayer Database	BISCHA Reports	Healthcare Patterns & Resource Utilization	Provider Payment for Quality
VCHIP Chart Review & NCQA Scoring		VCHIP Databases	VCHIP Analysis & Report Generation	Healthcare Expenditures & Financial Impact	Program Evaluation & Sustainability
Public Health Surveys & Data Collection	Public Health Registries & Databases	VDH Health Surveillance Analytic Database	VDH Health Surveillance Analyst	Population Indicators & Risk Factors	Community Prevention Planning

VERMONT

19

Criteria for Success of the Meaningful Use Rule

1. Are there clear and achievable health and efficiency goals?

2. Do the requirements motivate information use to improve health and cost-effectiveness of care?

3. Do the requirements foster patient engagement in reaching Meaningful Use goals?

4. Do the requirements focus on information use and allow for ongoing innovation across a wide array of participants, rather than prescribing specific technology features?

www.connectingforhealth.org

VERMONT

Multi-payer Advanced Primary Care Practice (PCP) Demonstration

- Three year demonstration open to States
- Intended to promote transformation of primary care practice
  - Consistent with the general notion of 'advanced primary care practice'
  - Will not require any one definition of 'advanced primary care practice'
  - Will require rigorous criteria for 'advanced primary care practices'
- Goals include...
  - Reduction of unjustified variation in utilization and expenditure
  - Improvement in safety, timeliness, effectiveness, and efficiency
  - Increased patient participation in decision making
  - Increased access to evidence-based care in underserved areas
  - Contribute to 'bending the curve' in Medicare/Medicaid expenditures

VERMONT

Anticipated Operational Features of CMS Demonstration

- Medicare will join established State-led multi-payer initiatives
- Beneficiaries will be 'affiliated' with participating practices
- The State will …
  - establish administrative structure for multi-payer initiative
  - support practice/quality improvement efforts
  - administer Medicare payments to providers / support organization(s)
- CMS will …
  - continue to pay for otherwise covered services
  - participate as payer for Medicare beneficiaries
  - contribute to multi-payer data systems
  - independently monitor / evaluate impact on Medicare program

VERMONT

Variety of 'models' but with many common features

- Every patient has an identifiable PCP
- Practices have resources to play more central role
  - payment for time spent managing complex needs
  - links to community resources to facilitate self-management
  - information on patterns of care and evidence-based guidelines

- Practices reorganize the way care is delivered
  - expanded availability of PCP to patient
  - greater use of multi-disciplinary teams
  - linkage with other providers

- CMS will not impose any one 'model' but will require a clear description

VERMONT

Federal HIT/HIE Policy, Oversight, & Standards - Office of the National Coordinator (ONC)

State HIT/HIE Policy, Oversight, & Standards – OVHA/HCR

State Government & Public Health

Vermont Health Care Providers & Institutions

NHIN Connectivity

Public Health surveillance, registries, & other public health functions

Medicaid health programs case management functionality and connectivity

Other Medicaid & AHS case management functionality and connectivity

Other state agency & dept. case management functionality and connectivity

Law Enforcement, Corrections, & Court System

Health Information Exchange "Cloud"

for secure, privacy protected interchange of health records, demographic data, image files, clinical messaging, & other digitized health information

Statewide HIE Operated by VITL

Individual Vermonters: connectivity to EHR Portals, Personal Health Records (PHR), Health 2.0 applications and Ix Services

Tertiary and Community Hospitals

Primary Care & Specialty Providers

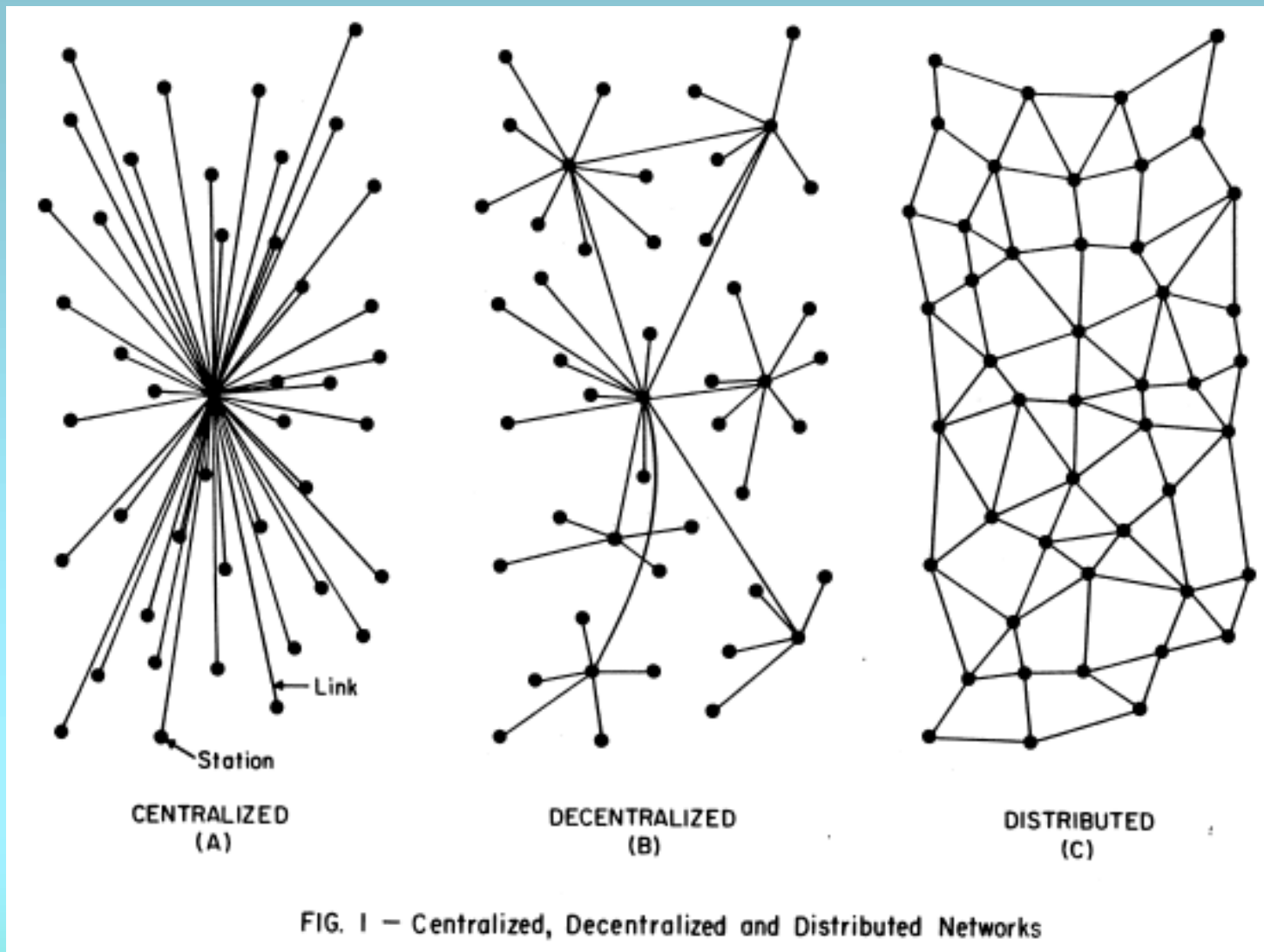Federally Qualified Health Centers & Rural Health Clinics

Free Clinics

Mental Health/BH/SA Providers

Long Term Care Providers

Home Health & Hospice Providers

Community Human Service Agencies (Family Centers, Area Agencies on Aging, etc.)

VERMONT

FIG. I — Centralized, Decentralized and Distributed Networks

For more information

Vermont Health Care Reform Web-site:

http://hcr.vermont.gov

hunt.blair@ahs.state.vt.us

(802)879-5988

VERMONT